

Revamping Journal Club for the Millennial Learner

Setting and Problem

Prior to academic year 2015, the journal club components of the San Antonio Uniformed Services Health Education Consortium (SAUSHEC) internal medicine residency curriculum had typically been in the format where 1 article was sent out each month to the residents, with 1 or 2 residents assigned to review the article. The limitations of this format included the fact that only those who were presenting were actively involved; others may not participate and/or may not have read the article; and the article was provided by the program, decreasing trainee motivation to learn how to search the medical literature for an appropriate article to answer a clinical question. The benefit of this typical journal club format was the presence of an in-depth review of a single article.

Intervention and Outcomes

To revamp the journal club of the SAUSHEC Internal Medicine Residency Program, a change was suggested by a core faculty member to make the experience more engaging for millennial learners, and encourage them to learn how to answer clinical questions using the medical literature. The 94 residents were divided into 4 teams for the academic year and were tasked with selecting a journal article that best answered the clinical question of the month. The new format had several advantages: it required active participation by a larger number of residents, as it was team driven; there were 4 articles to be discussed; it taught residents how to search the medical literature and variable online professional resources to answer the clinical question; and it fostered team building through friendly competition. One limitation of this format was that each article was summarized and was not discussed in full detail.

Journal club was lined up with academic half-day conferences' "Specialty of the Month." The chief resident, who is a staff physician, ensured that each team had a different article and that meta-analysis and guideline articles were not selected. The journal club judge was a faculty member from the specialty department, who determined which team had the best article to answer the clinical question. Points were given to the winning team each month. Cumulative points throughout the year resulted in recognition of the winning journal

club team with a trophy. A post-academic year survey of the residents regarding the new format revealed a majority preferred the new journal club format with an overwhelming majority wanting to continue with the new format for the next academic year; 75% of respondents increased the number of articles they read. Comments from resident participants included:

"Residents are more vested in the team atmosphere . . . We are learning how to research and answer clinical questions."

"I like being more actively engaged in choosing an article that best answers a clinical question, which is more realistic to how I will use articles in the future. Also, the competitive atmosphere keeps people more engaged."

"The problem with the old system was that in each group, only the group leader would have read the paper and typically without much discussion beforehand as to what key points should be discussed. Then we would circle up and simply answer questions about how to critically evaluate the article, usually ending the session without a good discussion of the theme of the paper. Very few people were ever prepared and even fewer took it seriously. The new format condenses 4 papers into highlights with a rapid presentation allowing a broader evaluation of the clinical question and how one might approach answering it. The different perspectives and take-away points from the articles are a nice way to pique interest in the topic and the final word from the guest judge usually puts everything into context. I like that more people are involved . . ."

The journal club format at SAUSHEC was revamped for the millennial learner by creating teams and fostering a competition-style format to answer a clinical question. This format can be easily adopted by other graduate medical education training programs.

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Taking SGIM's Teaching Educators Across the Continuum of Health Care on the Road—A Local, Interprofessional Faculty Development Innovation

Setting and Problem

Interprofessional practice opportunities are increasingly considered critical components of education to improve team-based and patient-centered care. However, finding venues for supervising faculty of different training programs to learn with, from, and about collaborating professions is difficult. Similarly, improving the quality of education provided to health trainees remains an important (albeit challenging) effort. At our Veterans Affairs (VA) Medical Center, we care for more than 26 000 patients, and host full-time training programs for more than 70 learners in internal medicine, family practice, psychiatry, nurse practitioner, psychology, pharmacy, and nursing programs. We also host 1 of 7 VA-based Centers of Excellence in Primary Care Education, emphasizing interprofessional education and workplace learning opportunities.

Intervention

Our institution's leadership recognized an opportunity to support faculty interprofessional development by adapting the Society of General Internal Medicine (SGIM) national Teaching Educators Across the Continuum of Healthcare (TEACH) program. In collaboration with national SGIM TEACH faculty,

we adopted and modified the TEACH certificate program locally to improve interprofessional faculty teaching skills and increase interprofessional collaboration.

The curriculum was carried out over 1 academic year and required participants to attend an initial full-day training retreat, attend at least 5 teaching seminars, participate (either virtually or in person) in at least 5 journal clubs, and have 6 teaching observations completed by participating faculty. Participants were encouraged to complete a teaching philosophy with peer review and feedback. Cross-profession collaboration was facilitated by interprofessional groups of 4 to 6 members, functioning as a cohesive unit during the remainder of the year. Small group members provided feedback on each other's oral teaching sessions and written teaching philosophy, and facilitated collaboration for collaborative teaching presentations. Small group leaders with extensive teaching experience from different professions facilitated the group and acted as mentors. A password-protected open source Moodle (<https://moodle.org>) website was used for instructions, scheduling, sharing articles and resources, and providing an online blog for participation.

For the remainder of the year, the curriculum included one 60-minute teaching seminar and another 60-minute journal club each month. Coordination of teaching seminars and journal clubs was spread across individual professions to facilitate different professions' perspectives. Teaching seminars were provided by content experts and guests from the national TEACH program. Examples include topics on learner difficulties, teaching in small or large groups, teaching with the patient present, preparing to give a presentation, and providing effective feedback (BOX).

Outcomes to Date

Thirty-five faculty attended the initial retreat, with the goal of completing TEACH training, and 24 (69%) completed the requirements. Professions represented included internal medicine ($n = 15$, 43%) and related subspecialties ($n = 5$, 14%); pharmacy ($n = 7$, 20%); nurse practitioner ($n = 3$, 9%); psychology ($n = 3$, 9%); and psychiatry ($n = 2$, 6%).

There was a reported increase in the number of interprofessional copresentations with 8% ($n = 2$ of 26) reporting half or more copresentations prior versus 43% ($n = 9$ of 21) after ($P < .010$); increased presentation to interprofessional groups

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